



## PLANET BEACH CONTEMPO SPA® SERVICE & UV THERAPY RELEASE INFORMATION

### CLIENT INFORMATION - PLEASE PRINT CLEARLY

Spa Consultant: \_\_\_\_\_

|  |            |                  |       |              |                   |
|--|------------|------------------|-------|--------------|-------------------|
| Last Name  | First Name | Birthday         | Age   | Home Phone   | Mobile/Work Phone |
| Current Mailing Address  |            | City             | State | Zip          | Email Address     |
| Employer/Business Name   |            | Occupation/Title |       | City         | Phone Number      |
| In case of emergency, call   |            | Relationship     |       | Phone Number |                   |
| <input type="checkbox"/> Check here if you have already filled this information out at another Planet Beach location. List location(s) _____ |            |                  |       |              |                   |

### Informed Consent: Indoor Tanning Precautions & Release

1. Failure to use eye protection may result in permanent damage to the eyes. Federal/state/provincial indoor tanning regulations require approved eyewear.
2. Overexposure to ultraviolet light causes burns.
3. Repeated exposure may result in premature aging of the skin, cancer and other conditions.
4. Abnormal skin sensitivity or burns may be caused by reactions of ultraviolet light to certain: a. foods b. cosmetics c. medications, including but not limited to tranquilizers, diuretics, antibiotics, high blood pressure medicines, or birth control.
5. Any person taking a prescription or over the counter medication should consult a physician before tanning.
6. Pregnant women should consult a physician before using a tanning device.
7. A person with skin that burns easily and never tans should avoid indoor tanning.
8. A person with a family or past medical history of skin cancer should avoid indoor tanning.

### Please answer the following:

1. Have you taken any prescribed or over the counter medication(s) recently \_\_\_\_\_ Yes \_\_\_\_\_ No (check one) If yes, please list medication(s) \_\_\_\_\_ (also applies for use in Hydration Station)
2. Have you ever developed an allergic reaction or sun poisoning from tanning? \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)
3. Are you currently pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No (check one) If yes, permission from your physician is required and must be attached. (also applies for use in Hydration Station)
4. Have you ever been diagnosed with skin Cancer? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check one) If yes, do not tan.

I hereby certify that the answers to questions 1-4 above are accurate and true and are completed to the best of my ability. \_\_\_\_\_ (initial)

By my signature affixed below, I affirm that I have carefully read, understood and acknowledged the statements listed herein relating to indoor tanning. I have been given adequate instructions for the proper use of the indoor tanning and I understand the risks involved, and use it at my own risk. I hereby agree to release the owners, operators and manufacturers from any damages that I might incur due to the use of this facility. \*If you are under 18 years of age, you are required to inform a Spa Consultant at this time and have a legal parent/guardian sign page 3 of this form prior to engaging in a service at this facility.

Client Printed Name \_\_\_\_\_

Client Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

### Skin Type Analysis – To determine UV exposure schedule

Please read each of the following questions and place the corresponding number of your answer in the box to the right. Your total score will determine your initial UV exposure time.

### Determination based on your hereditary disposition:

|   | 0                         | 1                          | 2                        | 3           | 4            | Score |
|---|---------------------------|----------------------------|--------------------------|-------------|--------------|-------|
| What is your natural eye color?             | Light blue, gray or green | Blue, gray, green or hazel | Dark blue or light brown | Dark brown  | Brown, black |       |
| What is your natural hair color?            | Sandy red                 | Blonde                     | Chestnut or dark blonde  | Dark brown  | Black        |       |
| What is the color of your un-radiated skin? | Reddish                   | Very Pale                  | Pale with beige tint     | Light brown | Dark brown   |       |



2. Not intended for children pregnant women or individuals with light sensitive conditions: The safety of this technology for use by clients with light-sensitive conditions has not been confirmed. An alternative treatment is recommended for these clients.
3. Eyewear during Luminous Facial™ sessions: The frequency of light wave emitted by the Lumiere Photo Therapie device is within the visible light spectrum and poses no threat of retinal burn or any other eye injury; however due to the brightness of the light you may wish to use eyewear and ensure that your eyes are closed throughout the session. Some clients that are extremely sensitive to bright light and that do not use eyewear may experience slight discomfort including a temporary mild headache.
4. Photosensitivity: certain medications and substances can cause an adverse reaction in the skin when exposed to light. May be caused by certain perfumes or plants such as St Johns Wort in contact with the skin; metabolic disorders such as Porphyria and other light induced rashes (not recommended for clients with this condition); autoimmune disease, such as Lupus Erythematosus; and albinism. A list of these substances is posted in this facility for your review.

**Hydration Station:** follow instructions that are provided to you by the spa staff members. It is recommended that Hydration Station sessions be limited to one session per 24 hour period.

1. Water intake: clients are advised to drink 16oz of water both immediately before and after each Hydration Station session to prevent dehydration and enhance skin results.
2. Not intended for children, pregnant or nursing women or individuals with heat sensitive conditions: the safety of this technology for use by children, pregnant women and clients with heat sensitive conditions has not been confirmed. An alternative treatment is recommended for these clients.
3. Conditions requiring physician's authorization: clients with any of the following conditions are required by Planet Beach to provide documented medical approval prior to your first Hydration Station session: Heart/respiratory problems, high blood pressure, kidney disorders, nervous conditions (i.e. epilepsy) open lesions, and skin pustules or cysts.

**Dry Hydro Therapy (Including Hydro Massage & Aqua Massage services):** follow instructions that are provided to you by the spa staff. It is recommended that these sessions be limited to one session per 24 hour period.

1. Not intended for children, or pregnant women: the safety of this technology for use by children or pregnant women has not been confirmed and an alternative treatment is recommended.
2. Conditions requiring physician's authorization: clients with any of the following conditions are required by Planet Beach® to provide documented medical approval prior to using this service: cardiac disease, swelling or inflammation, phlebitis, thrombosis, broken bones or fractures, varicose veins, hematoma, HIV, cancer, severe/acute back pain or fever.

**Please answer the following:**

|  |  |   |   |
|--|--|---|---|
| Have you taken any prescribed or over the counter medications recently?    | N  | Y   | If yes, please list each and date the last time they were taken:                                  |
| Are you currently pregnant?  | N  | Y   | If yes, please provide documented authorization from your attending obstetrician to use services. |
| Have you suffered injuries from an accident in the past two years?         | N  | Y   | If yes, please explain details of injury:   |
| Do you have any of the following conditions? (check boxes to indicate YES) | <input type="checkbox"/> Dizziness, migraine or headache | <input type="checkbox"/> Severe/acute neck or back pain   | <input type="checkbox"/> Cancer (other than skin)   |
|  | <input type="checkbox"/> Cardiac/circulatory problems    | <input type="checkbox"/> Porphyria or light allergies     | <input type="checkbox"/> Fractures/broken bones   |
|  | <input type="checkbox"/> Varicose veins or thrombosis    | <input type="checkbox"/> Skin infection or skin condition | <input type="checkbox"/> High blood pressure  |

I understand and agree that the administration of the above Contempo Spa® services is not an exact science. I hereby certify that said processes have been explained to me and that I have all the information which I desire with regard to said processes, the possible adverse skin reactions and side effects and/or other possible complications. I consent to and authorize the administration of said processes by Planet Beach Contempo Spas® and I understand and agree that it will use its best judgment in administering said processes. I have read and agreed to the instructions for proper use of the damage or harm that I might incur due to my use of the facilities. I further understand that Planet Beach Contempo Spa® services should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I affirm that I have stated all my known medical conditions, and answered all questions in this document honestly and to the best of my knowledge. By my signature affixed below, I affirm that I have read, understood and acknowledged the statements listed herein and verbally expressed to me relating to the Mystic Tan, Lumiere, Hydration Station, Aqua Massage, Hydro Massage devices and all associated sessions and treatments provided within Planet Beach Contempo Spas®.

Client Printed Name

Client Signature

Date

**Informed Consent: Minors in the Spa – All services**

Minimum age to use an indoor and sunless tanning devices is 14 years old. Government issued photo identification may be required at any time to show proof of age for all clients. For clients under age 18, a parent/legal guardian is required prior to using this facility and its services. As parent/legal guardian of the above assigned minor, I hereby grant permission for said minor to use tanning device(s) at this facility as well other automated Contempo Spa® services outlined in this document. I attest that I am the parent/legal guardian of said minor and attest to the age of the minor. I have carefully read, understood, and ensured all questions in this form have been answered to the best of my ability and I acknowledged and agreed to the above listed statements and hereby agree that said minor and I will abide by all warnings and instructions.

Printed Name of Parent/ Legal Guardian

Signature of Parent/ Legal Guardian

Date

|  |      |         |     |            |      |  |
|--|------|---------|-----|------------|------|--|
| Are there freckles on your un-radiated skin? | Many | Several | Few | Incidental | None |  |
|--|------|---------|-----|------------|------|--|

**Skin Type Analysis continued on page 2**

**Determination based on your own experience with sunbathing (to unexposed skin):**

|  | 0                                    | 1                            | 2                            | 3                | 4                   | Score |
|--|--------------------------------------|------------------------------|------------------------------|------------------|---------------------|-------|
| What happens when you sunbathe more than two hours in the sun without sunscreen? | Painful redness, peeling, blistering | Burns regularly with peeling | Burns sometimes with peeling | Burns rarely     | Never burns         |       |
| To what degree are you able to turn brown?                                       | Hardly brown or not at all           | Tans little, a light color   | Tans reasonably              | Tans very easily | Quickly turns brown |       |
| Do you turn gray-brown directly after sunbathing?                                | Never                                | Hardly                       | Sometimes                    | Often            | Always              |       |
| How does your face react to the sun?   | Very sensitive                       | Sensitive                    | Normal                       | Very resistant   | Never a problem     |       |

**Your tanning habits:**

|  | 0                      | 1              | 2              | 3                     | 4                     | Score |
|--|------------------------|----------------|----------------|-----------------------|-----------------------|-------|
| When sunbathing indoors, do you tan in the nude? | Never                  | Hardly ever    | Sometimes      | Often                 | Always                |       |
| When did you last sunbathe indoors or outdoors?  | More than 3 months ago | 2-3 months ago | 1-2 months ago | Less than 1 month ago | Less than 16 days ago |       |
| <b>TOTAL SCORE:</b>                              |                        |                |                |                       |                       |       |

| Skin Type | Sun burning & Tanning History       | Total Score | Initial Exposure Time – Basic Unit |
|-----------|-------------------------------------|-------------|------------------------------------|
| 1         | Always burns easily; never tans     | 0 – 7       | Not recommended for Skin Type 1    |
| 2         | Always burns easily; tans minimally | 8 – 13      | 4 – 5 minutes                      |
| 3         | Burns moderately; tans gradually    | 14 – 19     | 6 – 7 minutes                      |
| 4         | Burns minimally; always tans well   | 20 – 25     | 8 – 9 minutes                      |
| 5         | Rarely burns; tans profusely        | 26 – 31     | 10 minutes                         |
| 6         | Never burns; deeply pigmented       | > 31        | 12 minutes                         |

**Informed Consent: DHA Sunless Application**

DHA is listed in the Food, Drug and Cosmetic Act (FD&C Act) as a color additive for use in imparting color to the human body. However, its use in cosmetics - including sunless "tanning" application - is restricted to external application. According to the CFR, "externally applied" cosmetics are those "applied only to external parts of the body and not to the lips or any body surface covered by mucous membrane" (21 CFR 70.3v). In addition, no color additive may be used in cosmetics intended for use in the area of the eye unless the color additive is permitted specifically for such use (21 CFR 70.5a). The CFR defines "area of the eye" as follows:

"The area enclosed within the circumference of the supra-orbital ridge, including the eyebrow, the skin below the eyebrow, the eyelids and the eyelashes, and conjunctiva sac of the eye, the eyeball, and the soft areolar tissue that lies within the perimeter of the infra-orbital ridge." (21 CFR 70.3s) Because the FDA has not specifically tested or reviewed DHA exposure for other than external use, it recommends that users take measures to protect exposure to eyes, lips, mucous membranes, and prevent inhalation. In accordance with these guidelines, we recommend the following:

- Like most cosmetics, avoid exposure to the eyes, as well as the immediate area surrounding the eyes.
- Avoid exposure to the lips and other parts of the body covered by mucous membrane. This can be accomplished by using a barrier product such as a lip balm.
- Follow manufacturers breathing instructions so as to avoid inhaling or ingesting the sunless product. Nose plugs are also recommended.

By my signature affixed below, I affirm that I have carefully read, understood and acknowledged the statements listed above relating to DHA "sunless" application: I state that I am not aware of any medical condition or other reason that would prohibit me from sunless application. I have been given adequate instructions for the proper use of the sunless application, understand the risks involved, and use it at my own risk. I hereby agree to release the owners, operators and manufacturers from any damages that I might incur due to the use of this facility.

Client Printed Name

Client Signature

Date

**Informed Consent: Automated Contempo Spa Service**

**Lumiere:** follow instructions that are provided to you by the spa staff members. It is recommended that Luminous Facial™ sessions be limited to one 20 minute session per 24 hour period.

1. Lumiere Photochemicals: as with all topically applied skin care products, use caution when applying products in the eye area. In the event that contact with the eyes occurs, flush with cool water.